



07/27/05

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/759,312
		Filing Date	January 12, 2001
		First Named Inventor	Yoshihiro UETA
		Art Unit	2812
		Examiner Name	S. Mulpuri
Total Number of Pages in This Submission	18	Attorney Docket Number	299002051800

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Appendix A (6 pages) 2. Appendix B (3 pages) 3. Return Receipt Postcard
<input checked="" type="checkbox"/> Amendment/Reply, After Final (5 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Christopher B. Eide		
Date	July 25, 2005	Reg. No.	48,375

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 335377780 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 25, 2005

Signature:

(Georgina Matos)



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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL For FY 2005		Application Number	09/759,312
		Filing Date	January 12, 2001
		First Named Inventor	Yoshihiro UETA
		Examiner Name	S. Mulpuri
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2812
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No. 299002051800	

METHOD OF PAYMENT (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments				
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
	Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues) 50 25								
Each independent claim over 3 (including Reissues) 200 100								
Multiple dependent claims 360 180								
Total Claims Extra Claims Fee (\$) Fee Paid (\$) $16 - 40 = 0 \times 50.00 = 0.00$				Multiple Dependent Claims Fee (\$) Fee Paid (\$) $360.00 \quad 0.00$				
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) $3 - 6 = 0 \times 200.00 = 0.00$								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
			(round up to a whole number) \times		250.00	0.00		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								

SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Christopher B. Eide			Date July 25, 2005			